



## State of New Hampshire

### PUBLIC EMPLOYEE LABOR RELATIONS BOARD

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Original and six (6) copies should be filed with the Director, Public Employee Labor Relations Board, GAA Plaza, Building No. 1, 153 Manchester Street, Concord, New Hampshire 03301

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#### PETITION FOR DECERTIFICATION

1. PETITIONER: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Representative: \_\_\_\_\_ Telephone No. \_\_\_\_\_
2. PUBLIC EMPLOYER: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Representative: \_\_\_\_\_ Telephone No. \_\_\_\_\_
3. EXCLUSIVE REPRESENTATIVE: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Representative: \_\_\_\_\_ Telephone No. \_\_\_\_\_
4. NUMBER IN UNIT \_\_\_\_\_ (Total)
5. COMPOSITION OF CERTIFIED UNIT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. EXCLUSIONS:

(SUPERVISORY) \_\_\_\_\_

\_\_\_\_\_

(CONFIDENTIAL) \_\_\_\_\_

\_\_\_\_\_

7. BUDGET SUBMISSION DATE: \_\_\_\_\_

8. EXISTING AGREEMENT DATES: \_\_\_\_\_

9. DECERTIFICATION PETITION SUPPORTED BY \_\_\_\_\_ INDIVIDUAL SIGNATURE CARDS.  
(%)

10. EXCEPTIONS to this decertification petition must be filed with the Public Employee Labor Relations Board, GAA Plaza, Bldg. #1, 153 Manchester Street, Concord, New Hampshire 03301, within fifteen (15) days of the date of filing this petition.

(Signed) BY: \_\_\_\_\_

FOR: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

CERTIFICATION

I certify that a copy of the within and foregoing petition was hand delivered, or mailed certified mail, this day to:

\_\_\_\_\_  
(Exclusive Representative)

and to: \_\_\_\_\_  
(Public Employer)

(Signed) \_\_\_\_\_

Date: \_\_\_\_\_